



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF NUTRITIONAL HEALTH AND SERVICES
BUREAU OF NUTRITION SERVICES & WIC
HIGH RISK NUTRITION CARE PLAN FOR INFANTS/CHILDREN

PARTICIPANT NAME		DATE MO DAY YR	
DIET/HEALTH OBJECTIVE		ACHIEVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
Directions: Circle the appropriate high risk. If the risk is not listed, include under "other RF" box. Complete the tasks listed across the top. The CPA should date and initial in the box provided. <i>If a high risk nutrition care plan is not indicated, record justification in documentation section on the back of this form, Progress Notes, Certification Form or approved local agency form.</i>			
RISK FACTORS	GROWTH PATTERN Obtain age-appropriate anthropometric data; height/length, weight, head circumference. Plot and interpret results to parent/guardian.	DIET <u>Assess as needed.</u> Discuss symptoms & consequences of anemia. Instruct on iron rich foods. (Breast-milk, Fe-fortified formula, dietary iron & vitamin C)	REFERRAL Refer to Health Care provider for follow-up Hgb/Hct.
Y1 Anemia Severe			
RISK FACTORS	GROWTH PATTERN Obtain age-appropriate anthropometric data; height/length, weight, head circumference. Plot and interpret results to parent/guardian.	DIET <u>Assess as needed.</u> Counsel as appropriate. Check for iron supplement use. Caution on appropriate storage of iron supplements-out of reach of children.	REFERRAL Assure referral to health care provider to rule out secondary causes; refer to his/her physician for supplements.
Y2 Anemia Consecutive			
RISK FACTORS	GROWTH PATTERN Obtain age-appropriate anthropometric data; height/length, weight, head circumference. As needed. Plot and interpret results to parent/guardian as needed.	DIET <u>Assess as needed.</u> Counsel as appropriate.	REFERRAL Refer as needed.
Other Risk Factors _____ _____ _____ _____			

If an infant/child has the risk factor Y1 or Y2, a high risk care plan MUST BE COMPLETED.

An infant/child with a high risk other than Y1 or Y2 should be evaluated further to determine whether or not a care plan is needed (see question below). If the participant is being followed by a healthcare professional for that risk, document below and the rest of the care plan does not need to be completed.

- Is the infant/child seeing a healthcare professional for this risk? If yes, document the healthcare professional's name, title and phone number/affiliation here or explain other justification for CPA deeming HRCP does not need to be completed.

[illegible]

PROGRESS NOTES: (attach additional sheets if needed)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**NUTRITION EDUCATION DOCUMENTATION:**

NE DATE	STAFF INT	CODES	2 ND NE DATE	STAFF INT	CODES
3 RD NE DATE	STAFF INT	CODES	4 TH NE DATE	STAFF INT	CODES
5 TH NE DATE	STAFF INT	CODES	6 TH NE DATE	STAFF INT	CODES